

DOCUMENT NAME: Travel - Local**DAFIS DOCUMENT TYPE: 11**

1. **Description:** Claim for authorized local travel on official business.
2. **Primary Forms:** None.
3. **Related Forms:** SF-1164, Claim for Reimbursement for Expenditures on Official Business
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 1194904FAB001

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site Code</u>	<u>FY Document Originated</u>	<u>Region</u>	<u>Program Element</u>	<u>Document Sequence</u>	<u>Suffix</u>
11	94	90	4	F	AB	001	

5. **Accounting Line:** If multiple lines are used, a different suffix is required for each line starting with 000.

SAMPLE: 2/F/401/136/30/0/AB/12345/2136

6. FINCEN Critical Processing Requirements:

- a. All SF-1164 Claims for local travel must be submitted to your local travel office for payment authorization.
- b. The following information must be completed on the original SF-1164:
 - (1) Name, SSN, and mailing address of claimant.
 - (2) Itemized list of expenditures - block 6.
 - (3) Claimant signature - block 10.
 - (4) Local Approving Authority signature - block 8.
 - (5) Standard DAFIS document number and accounting data.
- c. Travel offices will validate claim, authorize payment, and transmit to FINCEN.
- d. Submitted hard copy documents must be legible.

7. Other Information:

- a. Cash payments for SF-1164 shall not exceed \$250.00.

7. b. For phone calls claimed on SF-1164 see document type 33, Miscellaneous Costs, in this chapter.

8. LUFS Information:

- a. Standard generic input is made through the Record Spending Module. When prompted DO NOT create a document type 14 for this transaction.
- b. Obligation will transmit electronically via LUFS.
- c. A copy of this document is NOT to be mailed to FINCEN if the obligation is transmitted via LUFS.

9. Document Flow:

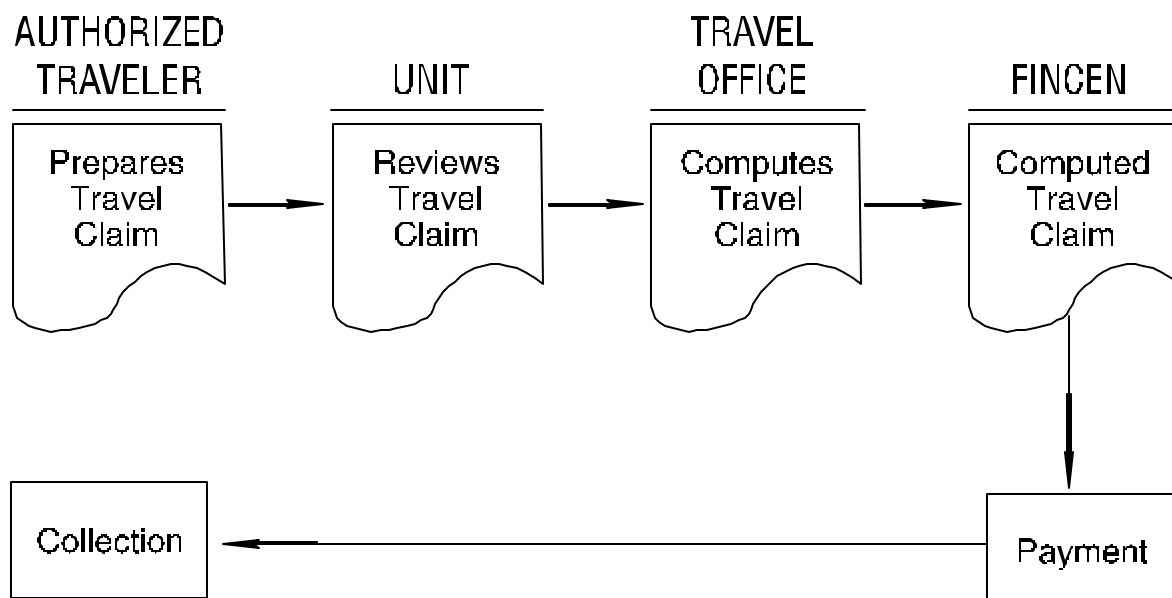


Figure 12C-1 Travel - Local

- a. Figure 12C-1 describes the procedures for processing Travel - Local.
- b. The traveler submits the SF-1164 for local travel performed in accordance with local operating instructions. The original and a copy are forwarded to the unit, and a copy is kept by the traveler.
- c. The unit reviews, approves, and forwards the original **plus 1 copy** of the claim and a copy to the servicing Travel Office.
- d. The Travel Office computes the amount owed to the traveler, signs as ACO, and transmits claim to the FINCEN or imprest fund cashier. A copy is returned to the traveler indicating the amount to be paid.
- e. The FINCEN or the imprest fund cashier initiates payment to the traveler.

10. Sample Forms: See Figure 12C-2.

11. PES Report Sample:

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	UNDELIVERED COMMIT	ACCRUED ORDERS	EXPEND	EXPEND
1194904FAB001000	073	94025F130	12345	2136	0.00	0.00	8.50	0.00
1194904FAB001000	146F	94035F111	12345	2136	0.00	0.00	8.50-	8.50

12. References:

- a .COMDTINST M4600.12, Travel Manual.
- b. COMDTINST **M7210.1**, Certifying and Disbursing Manual.
- c .Joint Federal Travel Regulations, Volume I.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE USCGC NEVERSAIL 1234 COAST GUARD BOULEVARD PORTSMOUTH, VA 23703-2199		2. VOUCHER NUMBER 3. SCHEDULE NUMBER 5. PAID BY				
Read the Privacy Act Statement on the back of this form.								
CLAIMANT	a.	NAME (Last, first, middle initial) SMITH, J.J., SK1	b.	SOCIAL SECURITY NO. 123-12-1234				
	c.	MAILING ADDRESS (Include ZIP Code) 1800 PORTSMOUTH BOULEVARD PORTSMOUTH, VA. 23706	d.	OFFICE TELEPHONE NUMBER (804) 396-5731				
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)								
DATE	CODE	Show appropriate code in col. (b) A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED			
19 94				c.	MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCEL- LANE- OUS
		(Explain expenditures in specific detail)		NO. OF MILES (f)	(g)	(h)	(i)	(j)
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)
1/1		1234 Coast Guard Blvd. Portsmouth, VA 23703	Federal Building 10 W St., Norfolk, VA	15	3	75	50	
1/1		Federal Building 10 W St., Norfolk, VA	1234 Coast Guard Blvd. Portsmouth, VA 23703	15	3	75	50	
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$ 8.50				TOTALS		7	50	1 00
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).) <div style="text-align: right;">Sign Original Only</div>				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. PAYMENT DESIRED Sign Original Only <input type="checkbox"/> CHECK <input type="checkbox"/> CASH				
APPROVING OFFICIAL SIGN HERE (SIGNATURE REQUIRED)				CLAIMANT SIGN HERE (SIGNATURE REQUIRED)				
9. This claim is certified correct and proper for payment. <div style="text-align: right;">Sign Original Only</div>				11. CASH PAYMENT RECEIPT a. PAYEE (Signature)				
AUTHORIZING OFFICER SIGN HERE (SIGNATURE REQUIRED)				b. DATE RECEIVED c. AMOUNT \$				
ACCOUNTING CLASSIFICATION				12. PAYMENT MADE BY CHECK NO				

Figure 12C-2 SF-1164, Claim for Reimbursement for Expenditures on Official Business